

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 101517836 FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1	2				
5		2				
6		1				
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TOTAL IND.	12					
TOTAL DEP.	6					
TOTAL CLAIMS	12					

TO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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